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Title

STPs: Occupational Therapists and Physiotherapists Can Support GPs with New Integrated Models of Rehabilitation and Healthcare.

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Introduction

Forty-four Sustainability and Transformation Plans (STPs) were introduced in NHS planning guidance in December 2015. Draft STPs were published in late 2016. The plans bring together providers, commissioners, local government and third sector organisations to develop and deliver new models of care.¹ These models aim to improve the quality, efficiency and sustainability of healthcare services, across England over the next five years.² Concerns have been raised about the impact of STPs on GP provision,³ on patient groups,⁴ and on the number of hospital beds.⁵ The purpose of this study was to identify the detail relating to rehabilitation, occupational therapy and physiotherapy in STPs. Occupational therapy and physiotherapy are two of 12 professional groups that make up Allied Health Professionals (AHPs). AHPs are the third largest workforce in health and care in England. A recent AHP strategy from NHS England⁶ has provided a blueprint by and for AHPs to contribute to future services, including STPs. The Chartered Society of Physiotherapy⁷ have promoted STPs in order to move towards a model of health prevention and a rehabilitation system that supports collaboration and integration across local systems e.g. NHS trusts and local authorities. The Royal College of Occupational Therapists⁸ agreed that STPs can provide a vehicle for occupational therapists to deliver early action, prevent admission to hospital, and implement a rehabling approach that improves patient outcomes and saves money.

Content Analysis Method

The purpose of this study was to examine the frequency and context relating to rehabilitation, occupational therapy and physiotherapy within the forty-four draft STPs. To do so a latent content analysis approach was adopted in order to explore the usage and meaning of the key words in context.⁹ Two authors (RB and JM) independently performed a frequency count of the following key terms: allied health profession*, AHP*, rehab*, occupational therap* and physiotherap* across the forty-four draft STPs published before January 2017. The purpose of this paper is to highlight the importance the rehabilitation agenda has within the STPs and the lack of detail relating to occupational therapists and physiotherapists.

Findings

The number of STPs in which key words were found and the total frequency of the word use is presented in Table 1. One STP did not mention rehabilitation in any context, did not name allied health professionals/AHPs and had no reference to occupational therapy nor physiotherapy. Reference to allied health professions/AHPs was limited to 34% of STPs; when used, the terms tended to identify the various members of a multi-disciplinary team rather than suggest any specific role or intervention. Specific reference to physiotherapy was limited to 36% of all STPs, whilst occupational therapy could only be found in 13% percent of all STPs. These figures sit in contrast to the use of the word rehabilitation which was discussed at least once in thirty-nine (89%) of the forty-four STPs. The concept of rehabilitation was predominantly used to describe the discharge process from acute hospitals and/or to describe intermediate care provision thereafter. The absence, in many STPs, of reference to occupational therapists and physiotherapists to deliver rehabilitation plans is of concern. The source of delivery of rehabilitation therefore remains unclear with the possible inference that rehabilitation would be provided by unqualified healthcare workers. The latent content analysis (Table 2) presents three related themes: Theme one 'new ways of working' describes the vision for

rehabilitation in the STPs; theme two 'advanced clinical roles' provides the detail of how occupational therapists and physiotherapists could deliver the rehabilitation agenda; and theme three 'workforce issues' illustrates some of the current barriers to service delivery.

'New ways of working' describes the vision for rehabilitation. Across many STPs this aims to be achieved through new specialist rehabilitation pathways. These pathways include musculoskeletal and neurology services, cardiac and pulmonary services, learning disabilities and mental health. A key component of these rehabilitation pathways was the further development of community-based rehabilitation. 'Therapy at Home or Close to Home' was promoted as a more efficient mode of intermediate care that shifts healthcare delivery away from secondary care. Hence, the concept of short-stay rehabilitation and recovery beds and intensive home rehabilitation were endorsed.

The second theme draws together themes from across the STPs to describe how occupational therapists and physiotherapists could deliver rehabilitation and also prehabilitation through 'advanced clinical roles'. Advanced clinical roles described as 'community experts' were endorsed in some STPs to 'free up GP time' and so produce more efficient services. Some of the STPs offered the possibility of new positions for AHPs, including integrated (health and social care) roles, extended scope, and primary care roles. Some STPs promoted the use of AHPs as a first point of contact enabling service users direct access, with the potential of offer this as a seven-day service. Furthermore, public health roles for occupational therapists and physiotherapists were articulated across STPs. The need for prehabilitation through greater health promotion and prevention was seen by some STPs as an important agenda; the use of self-help, technology, early intervention, lifestyle management and social prescribing by AHPs were seen as essential adjuncts for healthier lifestyle management.

The final theme 'workforce related issues' refers to the difficulties in developing an integrated AHP workforce to deliver specialist rehabilitation pathways, enhanced community/home rehabilitation and health promotion interventions. One STP identified ever larger caseloads for occupational therapists, whilst another confirmed a current vacancy hotspot for both occupational therapists and physiotherapists, and noted recruitment and retention issues. Others mentioned these issues within case studies to reflect the effect of long therapy waiting lists upon patient care. Some STPs highlighted the use of specialist commissioning teams to identify opportunities for improvement in rehabilitation pathways. Others emphasised problems in the joining of health and social care teams for a more seamless care pathway.

Summary and Recommendations

In summary, many STPs are proposing a new rehabilitation agenda. The role of AHPs, including occupational therapists and physiotherapists, to deliver this agenda lacks detail although there are some emerging themes of good practice across several, but not all, STPs. The central role that occupational therapists and physiotherapists can take in the delivery of STPs is provided in the NHS England 2017 AHP strategy.⁶ The Royal College of Occupational Therapists⁸ have already illustrated the cost benefits of occupational therapy to reduce the pressure on hospitals by reducing falls-related admissions, time in hospital and successful discharge. The Chartered Society of Physiotherapy¹⁰ has illustrated the clinical and cost-effectiveness of physiotherapy across specialist areas that include Accident and Emergency, dementia care, 'falls and the frailty' and Primary Care.

We recommend that specialist, direct access, seven-day, integrated, primary care occupational therapy and physiotherapy should be promoted and implemented in the delivery of all STPs. This has the potential to offer a cost-effective solution to prehabilitation and rehabilitation that reduces pressure on GPs, reduces referral to secondary care, enhances timely hospital discharge and keeps people independent at home. STPs boards should engage with the detail of the AHP strategy and with occupational therapists and physiotherapists to effectively implement the rehabilitation services outlined in the draft STPs.

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